



## FIELD BULLETIN

**MEMO #:** 2019-30  
**Date:** July 2, 2019  
**To:** Agency Managers & Agents  
**From:** Marketing & Sales Department  
**Subject:** New Vista Final Expense Updates

The S.USA New Vista® final expense product has some new options and we are excited to share with you!

We are now able to align payment dates for Social Security recipients to draft on the same day as the client receives their deposit, even if that is a non-business day. This billing option has been added to the payment form for all New Vista application types. To select this option, please be sure to check the box indicating the payment is linked to a Social Security deposit. For these selections, if the date you selected falls on a weekend or holiday, the deduction will be on the prior business day.

As a reminder, Social Security recipients can select a recurring draft day, such as the 1<sup>st</sup> or 3<sup>rd</sup>, or Wednesday billing (2nd, 3rd, or 4th Wednesday of every month based on the payor's birthdate). Birthdates: 1st to 10th (second Wednesday), 11th to 20th (third Wednesday), 21st to 31st (fourth Wednesday)

For a new insurance application, the initial draft/charge date must occur within 35 days after the application is signed. This has been increased from the previously set requirement of 30 days.

The revised payment form also now allows the acceptance of debit Visa or Mastercards tied to bank accounts, in addition to the Direct Express debit MasterCard. No pre-paid debit cards will be accepted.

A copy of the new payment form is attached to this bulletin, as well as can be downloaded from the Application Kits found on the Agent Portal.

## PREMIUM PAYMENT AUTHORIZATION FORM

Insured Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

☐ New Application

☐ Existing Policy

(This authorization shall replace any previous authorization)

### AUTHORIZATION AND SIGNATURE

As a convenience to me, I hereby authorize the Company to make charges from my debit/credit card identified below or withdrawals from my bank account with the financial institution identified below ("withdrawals") for payment of insurance premiums becoming due. I understand that these charges will continue until my policy has been paid-up or until I revoke this Authorization. This Authorization is subject to the following conditions:

- Authorized withdrawals constitute due notice of premiums being due.
- I must give the Company at least 7 days' written notice of a change to an upcoming withdrawal or revocation of this Authorization.
- Amounts not honored by the bank or credit card company shall constitute non-payment of premium, and coverage may lapse.
- The Company may discontinue withdrawals at any time and bill me directly.

Accountholder's Name: \_\_\_\_\_  
(Name printed exactly as it appears on account)

Accountholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address on Account: \_\_\_\_\_

Relationship to Proposed Insured/Insured:

☐ Self

☐ Other, describe: \_\_\_\_\_

### SECTION 1: PREMIUM PAYMENT DATE

***The options below allow you to select the date that best fits your needs. If you are submitting this form with an application for a new policy, please note that coverage will not be effective until we receive your first premium payment.***

**Mode (choose one):** ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

**Payment Date (choose one):**

☐ Draft/charge on policy effective date and on same modal date thereafter (default if no selection made)

☐ Draft/charge on specific day of the month \_\_\_\_\_ (1 to 28) and on same modal date thereafter\*

☐ Check this box if the 1<sup>st</sup> or 3<sup>rd</sup> was selected above and the draft/charge is linked to your monthly Social Security deposit\*\*

☐ Draft/charge on the 2nd, 3rd, or 4th Wednesday of every month based on the payor's birthdate\*\*

(DOB: \_\_\_\_\_)

Birthdates: 1st to 10th (second Wednesday), 11th to 20th (third Wednesday), 21st to 31st (fourth Wednesday)

\* For a new insurance application, the initial draft/charge date must occur within 35 days after the application is signed. For an existing policy, this form must be received at least 7 days prior to the requested draft/charge date, otherwise the draft/charge will begin the following month.

**\*\* Note: For these selections, if the date you selected falls on a weekend or holiday, deduction will be on prior business day. All other selections, if draft/change date falls on a weekend or holiday, deduction will be on next business day.**

## PREMIUM PAYMENT AUTHORIZATION FORM (Continued)

### SECTION 2: PAYMENT METHOD

Select one of the three payment options below:

☐ **Electronic Fund Transfer (EFT)**

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking or Savings: \_\_\_\_\_ (not all banks allow EFT debit to a savings account)

☐ **Direct Express Master Card**

Card Number: 5332 48 \_\_\_\_\_ OR

Card Number: 5115 63 \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Address at time of card issuance: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

☐ **Debit Visa or Debit Master Card Linked to a Bank Account**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Address at time of card issuance: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mail form to:

SBLI USA Life Insurance Company, Inc.  
100 West 33rd Street, Suite 1007  
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Newark, NJ 07101-1050  
1-866-787-2123

Shenandoah Life Insurance Company  
P.O. Box 12847  
Roanoke, VA 24029  
1-800-848-5433, ext. 62059

<sup>†</sup> Only SBLI USA Life Insurance Company, Inc. is licensed in New York.